

CLAIMS ONLY								Application Number <div style="font-size: 1.2em; font-family: cursive;">10 690894</div>		Filing Date	
								Applicant(s)			
								* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
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Total Indep	2										
Total Depend	2										
Total Claims	4										
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Applicant(s)